

*Town Of*  
***Andrews, Indiana***

**SERVICE REQUEST FORM**

DATE REQUESTED: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**CHECK SERVICE REQUESTED:**

TREE       BRUSH PICKUP       VANDALISM

STREET LIGHT       STREET REPAIR       STREET SIGN

SEWER ODOR       WATER LEAK       WATER COMPLAINT

**OTHER ISSUE – PLEASE DESCRIBE:**

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**LOCATION:**

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For a Street light issue, please note the Pole number: \_\_\_\_\_

Any additional details: \_\_\_\_\_

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**JOB COMPLETED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_